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CONFIRMATION NO. 1027

<b>SERIAL NUMBER</b> 10/729,155	<b>FILING OR 371(c) DATE</b> 12/05/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> CT2777A
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/445,523 05/27/2003 ABN which claims benefit of 60/386,138 06/05/2002 and claims benefit of 60/388,617 06/13/2002 and claims benefit of 60/389,870 06/19/2002 and claims benefit of 60/393,200 07/01/2002 and claims benefit of 60/413,534 09/25/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

## ADDRESS

23914

## TITLE

Calcitonin gene related peptide receptor antagonists

<b>FILING FEE RECEIVED</b> 2210	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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